

Vancouver Island
Health Authority

**2014/15 – 2016/17
SERVICE PLAN**

JUNE, 2014



For more information on the
Vancouver Island Health Authority (Island Health)
see Contact Information on Page 18 or contact:

ISLAND HEALTH
1952 Bay Street
Victoria, British Columbia
V8R 1J8

Or visit our website at
www.viha.ca

Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors of the Vancouver Island Health Authority (Island Health), I am pleased to submit our *2014/15 – 2016/17 Service Plan*.

This plan demonstrates how we are adapting to the changing needs of our communities, our collaborative efforts with our partners and our accountability to Government and the public we serve. It documents our commitment to providing high quality services that are accessible and sustainable.

In 2013, Island Health leaders travelled across the health authority, speaking with staff and physicians, people living in remote, rural and urban communities, Aboriginal peoples, and community leaders. We listened to their issues and ideas and gained insights about Island Health's future. Their input has been critical in helping Island Health develop a roadmap to improved health and care.

These conversations have led to the development of what I believe is an exciting vision for health and care for the islands and mainland communities that Island Health serves. Nurturing positive relationships with patients, families, staff, physician partners, community partners and agencies, local governments, Aboriginal peoples, health care foundations and volunteers, will continue to be essential as we work towards our shared vision.

Island Health has a population that is growing, changing and aging. While the health status of residents is generally very good, there are health disparities that must be addressed, especially among our vulnerable populations (e.g., the frail elderly, people with complex chronic diseases, the mentally ill, economically marginalized persons, and Aboriginal peoples). To respond to this reality and align the organization to meet and exceed Ministry of Health expectations, we are focusing our efforts on strengthening our partnerships; supporting our people; advancing patient and family centred care; and creating a culture of innovation and value.

The *2014/15 – 2016/17 Vancouver Island Health Authority Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the Performance Reporting Principles for the British Columbia Public Sector. The *Service Plan* is consistent with Government's strategic priorities and strategic plan, and the Ministry of Health's goals, objectives and strategies. The Board is accountable for the contents of the plan.

As Board Chair, I am constantly impressed with the dedication that our staff, physicians and volunteers demonstrate on a daily basis towards achieving excellent care and improved health outcomes for all Island Health residents. As an organization, we will continue to seek innovative solutions to provide sustainable and accessible quality health care to our patients and clients.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Don Hubbard'.

Don Hubbard
Island Health Board Chair
June 30th, 2014

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Organizational Overview

The Vancouver Island Health Authority (Island Health) is one of five regional health authorities established by the province of British Columbia under the *Health Authorities Act 2001*. Island Health provides health services to over 776,000 people across a widely varied geographic area of approximately 56,000 square kilometres. This area includes Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve the many remote and isolated communities in our region accessible only by water or air.

Governance and Leadership

A nine-member, government-appointed Board of Directors (the Board) governs Island Health. The Board's primary responsibility is to foster the health authority's short and long-term success, consistent with the Board's responsibility to the Government and the stakeholders it serves. The Board also provides positive leadership to guide Island Health's activities in support of the Government's health system priorities and strategies. More information on the role of the Board is available at http://www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Executive Team provides leadership in planning, delivering and evaluating health services in Island Health in collaboration with the Government. The Island Health Board and Executive Team are responsible for meeting the health needs of the population and patients in an effective and sustainable manner. (See http://www.viha.ca/about_viha/organization/.)

As we evolve, Island Health's vision, purpose and values guide us to provide the highest quality health care services to the populations we serve.

Our Vision

Excellent health and care for everyone, everywhere, every time.

Our Purpose

To provide superior health care through innovation, teaching and research and a commitment to quality and safety — creating healthier, stronger communities and a better quality of life for those we touch.

Our Values

Courage: to do the right thing – to change, innovate and grow.

Aspire: to the highest degree of quality and safety.

Respect: to value each individual and bring trust to every relationship.

Empathy: to give the kind of care we would want for our loved ones.

Services We Provide

We provide a full range of progressive health programs and services: public and environmental health, maternal and family health, home care and supports, primary health care, residential care, hospital care, mental health and substance use services, rehabilitation, and end-of-life care. We are able to meet virtually all health needs of people who live on Vancouver Island; only rarely must people seek services outside of Island Health for highly specialized needs.

Island Health has...

- ~1,900 privileged physicians
- ~19,000 staff
- 1,300 volunteers
- Over 150 facilities
- ~1,500 acute care & rehab beds
- ~6,350 residential care beds & assisted living units

Strategic Context

The key challenge facing the health system is to deliver a high performing sustainable health system, in the context of significant growth in demand. Continuing to provide high quality care and support within this context, will require finding new ways to collaborate with our employees, patients and community partners, and being prepared to transform ourselves as an organization. Specific drivers of change include: a growing and aging population, an aging workforce, economic context, disparities in health and need in our population, and evolving technology.

Aging Population



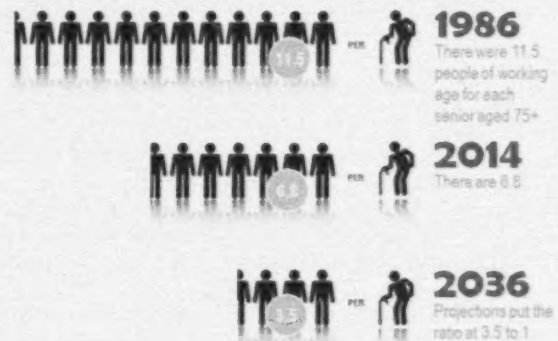
Vancouver Island has a population unique in Canada. About 10 per cent of the people Island Health serves are 75 years old or older, a number that is expected to double by 2034.¹ Currently, the South portion of our region (Saanich, Victoria and Gulf Islands) is home to the largest proportion of elderly people. However, it is in the Central Island (Cowichan Valley, Nanaimo and Oceanside) that we expect the greatest growth for this older demographic.² Responding to the needs of this aging population presents significant challenges now, and for the future.

One of the greatest challenges that our aging population presents is an increased need for services for people with chronic conditions and other ailments related to aging. Our hospital system was largely designed for a younger population, and is most effective at treating short-term, acute illnesses. The elderly, however, are more likely to experience chronic and medically complex conditions, which require a different kind of care, one that is best provided through a relationship with an integrated health care team.

Many areas in Canada, including ours, are experiencing system-wide challenges in ensuring that people are being treated in the right place, with the right kind of care, at the right time. There is an acknowledged need to radically alter our care and our thinking about wellness, to better respond to the needs of an aging population. And while there will always be a need for hospital care, most conditions today are better managed within the patient's own community – and that's often the kind of care our residents want.

Aging Workforce

As in other developed countries, the Canadian workforce is aging and changing along with the population, and will look drastically different in the next 20 years.³ Specifically, there will be more people leaving the workforce than entering it, as baby boomers retire. This, along with increased worldwide competition for scarce health care workers and an increasingly specialized workforce, will result in fewer qualified people to provide care. In Island Health, 27 per cent of our workforce is over 55. For our largest professional group, our nurses, 26 per cent are expected to retire within the next 5-10 years.



¹ BC Statistics PEOPLE 2013

² BC Statistics PEOPLE 2013

³ BC Statistics PEOPLE 2013

Economic Context

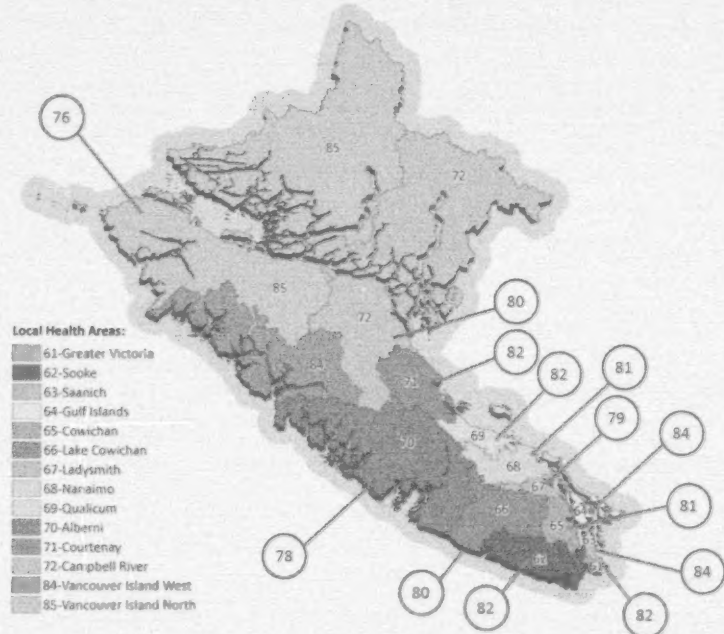
Health care in BC currently consumes the largest proportion of provincial funding. When so much is spent on direct health care, there is less available for other areas that often contribute more to good health, such as health promotion, education, housing and social development. Now, more than ever, we need to find ways to maximize efficiency and effectiveness of health care services, and develop innovations to ensure that the proportion of health care spending does not increase at the expense of other beneficial public services.

Disparities in Health and Need

Life expectancy of our population, at 81.5 years, is among the highest in the world. However, there is significant variation across our communities – up to 8 years difference in some cases.⁴ In general, people living in rural and remote areas and on the west coast and northern areas of the Island are more likely to experience poorer health. External causes of death such as accidental poisonings, suicide, motor vehicle accidents, alcohol and drug-related mortality rates are almost double the provincial rates in these communities.⁵

To improve health in these areas, Island Health, together with our community partners, needs to improve access to care for our most vulnerable populations, and begin to address the broader social conditions which influence health such as transportation and housing. Vulnerable populations include those living in Aboriginal communities, the mentally ill, the frail and chronically ill, and people who are socially marginalized (such as the homeless or injection drug users). These people face increased health risks compared to other segments of the population.

Variation in Island Health Life Expectancy



Evolving Technology



Rapid technological advances have created tremendous opportunities to improve patient care in ways we could not have dreamed of even five years ago. An Electronic Health Record enables information to flow between facilities, services, providers and consumers. Technology will make information more readily available to inform decisions and support consistent management of patient care across all settings.

However, new technology also brings significant challenges from a cost and change management perspective – new technology can be expensive to implement and operate. As technological change continues to grow at exponential rates, it will be essential to ensure we

are prudent in adopting new technologies and proactive in supporting our staff and physicians.

⁴ BC Statistics Life Expectancy Estimates 2007-2011

⁵ BC Vital Statistics Annual Report 2011

First Nations Health Authority

Addressing the unique needs of First Nations and Aboriginal populations is a high priority for the health authority and for the BC health system as a whole.

On October 1, 2013, core functions from Health Canada's First Nations Inuit Health Branch BC Region were transferred to the First Nations Health Authority (FNHA). These included responsibility for primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements.

By working closely with the FNHA, the health authority will work to ensure coordinated planning and service delivery efforts in support of BC First Nations health and wellness objectives.



First Nations Health Authority
Health through wellness

Goals, Objectives, Strategies and Performance Measures

Goal 1: Support the health and wellbeing of British Columbians.

Island Health recognizes that health is influenced by a multitude of indicators including: education, income, housing, and healthy living choices. Within this context, Island Health will continue to strive to understand the needs of communities and seek out partnerships with a wide range of public and private agencies, exploring new approaches and possibilities to support health in the future. This will involve working with service agencies, local non-profit organizations, all levels of government, the education sector, First Nations leaders, businesses and residents. Effective partnerships will result in mutually beneficial outcomes and provide the collective wisdom and experience necessary to achieve common goals. In addition, Island Health will continue to develop innovative ways to promote health and prevent disease.

Objective 1.1: Improve population health and reduce disparities.

Objective 1.2: Collaborate with communities and strengthen partnerships to improve health and care.

Strategies

- Focus on improving the health of vulnerable populations: the mentally ill and homeless, Aboriginal peoples, the chronically ill, and seniors – with a goal of reducing health disparities.
- Put partnerships front and centre in everything we do, looking to them for help in discovering new ways of thinking about health and care.
- Develop innovative local service models to better meet the needs of communities, putting patients and their families at the heart of decision-making about the care they receive, and focusing on seamless primary and community care services that support good health.
- Develop innovative ways to promote health and support people as they take responsibility for their own health.
- Continue to implement targeted healthy living and disease prevention initiatives to address the needs of high risk populations, and reduce health inequities in alignment with the Healthy Families BC Policy Framework.
- Develop a customized approach to enhancing partnerships so the different needs of communities are recognized.
- Develop a systematic evaluation and ongoing performance measurement approach for community health and care.
- Provide effective prevention, protection and environmental programs that target issues such as food safety, clean air and water, infection control and communicable disease prevention.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percent of communities that have completed healthy living strategic plans	14%	36%	42%	47%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions across communities will help to decrease the number of residents who develop chronic diseases. Island Health continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

Island Health is committed to putting patients and their families at the heart of every interaction. The intent is to invite people to be partners in their care and ensure that they play an integral role in decision-making. That means listening to patients and their families, responding to their concerns openly, informing them about care options, and thanking them for their input. Island Health places its patients' health, well-being and wishes above every other consideration.

Island Health strives to create a culture of safety, collaboration and learning, where trust and a strong commitment to safety and quality are built at all levels of care. Care decisions will be based on the best available scientific evidence; care teams will endeavour to eliminate 'must never happen' events and avoidable harm. The smooth flow of patients through the system as their needs change is an essential element of quality, ensuring that everyone gets the services they need where and when they need them. Island Health will work to ensure there are no unnecessary transitions in care, and that all care that can be provided in the community is available there.

The health authority is working to implement a team-based, inter-professional approach in the deployment of valuable health care professionals, particularly those in the nursing family, across acute care and community care settings.

A team-based approach allows registered nurses, nurse practitioners, and others to work to their optimal scope of practice, enhancing the workforce environment, the quality of care, and the patient experience.

Objective 2.1: Provide exemplary patient experience, advancing 'patient and family centred care.'

Objective 2.2: Enhance the conditions for excellence in quality and safety.

Strategies

- Empower patients and families to be partners in their care, and to play an integral role in decision-making.
- Create a culture that is committed to quality, where everyone understands what they are accountable for and feels responsible for improving safety and quality.
- Advance the capabilities, capacity and clinical governance structures required to drive excellence.
- Support people to move smoothly through the system as their needs change by providing better access and quality of care through the development of a cross-continuum action plan that improves appropriateness of care and reduces acute care admissions.
- Maintain an Information Management / Information Technology strategy. This work will primarily be advanced through the development of tools and processes to support person-centered, evidence-based care through IHealth, a single electronic health record across the continuum of care with advanced functionality to ensure safe medication practices, timely access to standardized regional and provincial data sources.
- Improve timely access to appropriate surgical treatments and procedures.
- Advance excellence in care for seniors by adapting innovative models to support seniors to live in their homes longer – even as they near the end of life. Two immediate areas of focus are supporting seniors with dementia and their caregivers.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2009/10 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged less than 75 years (Ambulatory Care Sensitive Conditions admissions rate)	235	223	215	207

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health

Discussion

This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of family physicians and other health care providers to manage their disease in order to maintain their functioning and reduce complications that would require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which helps to maintain quality of life for people with chronic conditions, and help to control the costs of health care. As part of a larger initiative to strengthen community-based health care and support services, family doctors, home health care providers and other health care professionals are working together to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

The target in 2014/15 has been changed from what was published in the *2013/14 Service Plan*. The rate of improvement has been slower than anticipated, although the rates for B.C. as a whole and in some areas of the province are the best in Canada. In other parts of B.C., primarily rural and remote regions, the rates of admissions for these chronic conditions are much higher than in more urban settings, and they are improving at a slower rate. This may be related to lifestyle, socioeconomic factors, and other determinants of health in rural and remote communities. Island Health continues to monitor the rates on this measure across the region and to implement programs to improve care for people with chronic conditions.

Performance Measure 3: Home Health Care and Support for Seniors

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Rate of people aged 75+ receiving long term home health care and support, per 1,000 people	77	79	82	85

Data Source: P.E.O.P.L.E. 2013 population estimates, BC Stats; Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.

Discussion

This performance measure tracks the rate of seniors (aged 75+ years) who receive long term home health care services such as case management, personal care, assisted living and adult day services. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support people who need ongoing supports to manage daily living tasks. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that potentially can result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care

and support services, Island Health is expanding home health care services and ensuring that seniors at higher risk are made a priority in the provision of care. This focus, combined with the use of technology to aid in monitoring wellbeing, can significantly improve quality of life and other health outcomes for seniors.

The target reflects a planned increase in services for each of the three years of the plan, beyond increases to keep up with an estimated population growth of two to three per cent in the population over 75 years of age.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percent of non-emergency surgeries completed within 26 weeks	87%	90%	92%	95%

Data Source: Surgical Wait Times Production (SWTP), Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.

Notes:

1. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed. The day the booking form is received at the hospital is NOT counted.
2. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

Discussion

In the last several years, British Columbia's health system has increased the numbers of surgeries and successfully reduced wait times for cataract, hip and knee replacement, hip fractures and cardiac surgeries. Improving timely access to surgery remains a key provincial priority. Continuous effort to foster innovation and efficiency in British Columbia's hospitals will improve the timeliness of patients' access to an expanding range of surgical procedures. Strategies include working with surgical specialists and general practitioners at the community level to better coordinate access to timely surgical consultation, referral and treatment. This performance measure will track the proportion of non-emergency surgeries that are completed within 26 weeks, although many surgeries are completed in a much shorter time frame.

Goal 3: Ensure value for money.

Island Health has identified value as one of the key pathways to a successful, sustainable health care system. Value in this context means cost-effective care. It also means actively creating and implementing new ideas and innovative approaches to care, providing the services people need, striving for excellence, challenging the status quo and enabling patients to define the outcomes that matter to them.

Island Health sees people as its most valuable resource. They offer the greatest hope for the transformation in care needed to achieve the organization's vision. Research shows that organizations with a workforce that is more engaged delivers better outcomes and generally has less absenteeism. Island Health has identified building a culture based on our values and the pursuit of excellent health and care as fundamental to creating a sustainable health care system.

Objective 3.1: Ensure the best value through courageous innovation.

Objective 3.2: Create a great place to work and learn.

Strategies

- Foster a culture grounded in our values, where people feel supported, comfortable to express their ideas and opinions, and proud to be a part of Island Health and where seeking the most cost-effective care is an overarching principle in all decisions.
- Develop a foundation for strategic human resource planning which includes a Great Place to Work framework that sets out the vision for our 'future workforce' and a work plan with strategies to attract, retain and support our people.
- Develop leaders who are visionary and support transformational change.
- Improve the base infrastructure and processes required for managers, staff, physicians and volunteers to perform well.
- Ensure that Island Health reflects our diverse population, in particular Aboriginal peoples.
- Work with our research and educational partners to relentlessly pursue learning, education and research.
- Use technology to improve access, particularly for rural residents.
- Optimize revenue and cost savings through Pay for Performance and participation in provincial shared services planning.
- Maintain and upgrade our capital infrastructure to support our strategic direction, including identifying alternative financing models.
- Complete the design, construction and opening of the North Island Hospitals.
- Redevelop Oak Bay Lodge and Mt. Tolmie sites in an innovative partnership with the Capital Regional District.

Performance Measure 5: Nursing Overtime

Performance Measure	2010/11 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Nursing overtime hours as a percent of productive nursing hours	3.5%	$\leq 3.3\%$	$\leq 3.3\%$	$\leq 3.3\%$

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct and indirect costs to the health system, it also helps promote both patient and caregiver safety.

The targets for the three years are set at the same level to reflect the importance of maintaining nursing overtime at a low rate. Island Health recognizes that maintaining low levels of overtime is an essential component of supporting the health of nurses, and contributes to quality care for patients and residents. In order to reduce nursing overtime, Island Health is focusing on providing regular relief positions on patient care units, and providing support to managers to assist with recruiting in order to ensure that vacancies are filled in a timely fashion.

Resource Summary

(\$ millions)	2013/14 Actual (Note 1)	2014/15 Budget	2015/16 Plan	2016/17 Plan
OPERATING SUMMARY				
Provincial Government Sources	1,942.4	1,984.2	2,021.9	2,065.8
Non-Provincial Government Sources	134.2	127.8	128.3	130.8
Total Revenue:	2,076.6	2,112.0	2,150.2	2,196.6
Acute Care	1,099.8	1,134.9	1,143.0	1,166.9
Residential Care	352.3	353.4	358.4	369.4
Community Care	233.7	236.3	244.6	254.3
Mental Health & Substance Use	155.5	167.8	172.5	176.4
Population Health & Wellness	56.6	59.5	63.7	65.1
Corporate	155.8	160.1	168.0	164.5
Total Expenditures:	2,053.7	2,112.0	2,150.2	2,196.6
Surplus (Deficit)	22.9	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	23.5	89.6	148.1	112.3
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	59.8	139.9	117.9	71.4
Total Capital Spending	83.3	229.5	266.0	183.7

Note 1: The presentation of the 2013/14 actual operating revenues and expenditures is different to VIHA's 2013/14 audited financial statements. A \$1.161 million gain on disposal of tangible capital assets is included in Non-Provincial Government Sources revenue above, whereas the gain is netted against Corporate sector expenses in VIHA's audited financial statements.

Capital Project Summary

Capital investment ensures health infrastructure is maintained and expanded to meet a growing population with increasing needs for health services. Capital assets such as buildings, information systems and equipment are key components of health care delivery and must be acquired and managed in the most effective and efficient manner possible. Funding for these assets is primarily provided through the Provincial government and through partnerships with Regional Hospital Districts, Hospital Foundations and Auxiliaries.

Island Health bases the development of its Capital and Information Management/Information Technology (IM/IT) Plans on the following principles:

- Capital investments must support the strategic direction of the organization;
- Investments must be backed by a rigorous examination of service delivery options and a business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investment; and
- Our spending on capital assets must be managed within fiscal limits.

The following list is Island Health's approved capital projects over \$2 million currently underway:

Community Name	Facility Location	Project Name	Total Project Cost (\$ million)
Facility Projects			
Campbell River/Comox Valley	Campbell River and District General Hospital and Comox Valley Hospital	North Island Hospitals Project	606.200
Saanichton	Saanich Peninsula Hospital	Post Anaesthetic Recovery Room Redevelopment	3.452
Victoria	Victoria General Hospital	CT Scanner Replacement	2.721
Nanaimo	Nanaimo Regional General Hospital	Finish Shelled-In Operating Rooms	3.000
Victoria	Royal Jubilee Hospital	Total Lab Automation	4.300
Port Hardy	Port Hardy Hospital	Primary Health Care Centre	2.600
Victoria	Royal Jubilee Hospital	Simulation Lab Development	3.552
IM/IT Projects			
IHealth - Next Generation Electronic Health Record			100.318

Contact Information

ISLAND HEALTH EXECUTIVE OFFICE & GENERAL INQUIRIES

Mailing Address:

Begbie Hall
1952 Bay Street
Victoria, British Columbia V8R 1J8

Email: info@viha.ca

PATIENT CARE QUALITY OFFICE

Mailing Address:

Royal Jubilee Hospital
Memorial Pavilion
Watson Wing, Rm 315
1952 Bay Street
Victoria, British Columbia V8R 1J8

Phone: 250-370-8323 ***Toll-Free:*** 1-877-977-5797

Fax: 250-370-8137

Email: patientcarequalityoffice@viha.ca

CHIEF MEDICAL HEALTH OFFICER

Mailing Address:

430-1900 Richmond Ave.
Victoria, British Columbia V8R 4R2

General Inquiries Phone: 250-519-3406

After-Hours Emergencies Phone: 1-800-204-6166

Fax: 250-519-3441

ISLAND HEALTH BOARD OF DIRECTORS

Board Liaison:

Janet Shute - Email: janet.shute@viha.ca

Hyperlinks to Additional Information

VANCOUVER ISLAND HEALTH AUTHORITY

HOMEPAGE www.viha.ca

FINDING CARE http://www.viha.ca/finding_care/

HEALTH INFORMATION http://www.viha.ca/health_info/

FIVE-YEAR STRATEGIC PLAN http://www.viha.ca/about_viha/strategic_plan/

BOARD OF DIRECTORS http://www.viha.ca/about_viha/board_of_directors/

ORGANIZATIONAL CHARTS http://www.viha.ca/about_viha/organization/

PERFORMANCE MEASURES http://www.viha.ca/about_viha/accountability/performance_measures/

NEWS ROOM http://www.viha.ca/about_viha/news/

DEPARTMENTS AND SERVICES http://www.viha.ca/about_viha/departments_and_services/

OTHER CONTACTS

HEALTHLINK BC <http://www.healthlinkbc.ca/kbaltindex.asp> or dial 8-1-1 to look up non-emergency health information and find publicly funded health services near you.

COLLEGE OF PHYSICIANS AND SURGEONS to find a physician <https://www.cpsbc.ca/>

BRITISH COLUMBIA MINISTRY OF HEALTH <http://www.gov.bc.ca/health/index.html>

BRITISH COLUMBIA HEALTH AND SENIORS INFORMATION LINE 1-800-952-3181

MEDICAL SERVICES PLAN OF BRITISH COLUMBIA 1-800-663-7100

PHARMACARE 1-800-663-7100

OTHER HEALTH AUTHORITIES

FIRST NATIONS HEALTH AUTHORITY www.fnha.ca

FRASER HEALTH AUTHORITY www.fraserhealth.ca

INTERIOR HEALTH AUTHORITY www.interiorhealth.ca

NORTHERN HEALTH AUTHORITY www.northernhealth.ca

PROVINCIAL HEALTH SERVICES AUTHORITY www.phsa.ca

VANCOUVER COASTAL HEALTH AUTHORITY www.vch.ca